

For Your Benefit

State of Michigan Employees

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Why does health care cost so much?

Health care is the single largest segment of the economy in the United States. Advances in technology, clinical practices and prescription therapies have dramatically improved our quality of life and, in many cases, saved lives. However, these advances don't come without cost.

In 2003, the United States spent nearly \$1.7 trillion on health care – that's more than we spend on food, housing or national defense. By 2012, health care costs are expected to almost double to nearly \$3.1 trillion.

Keeping health care affordable and improving quality will require all of us to be more knowledgeable and more vigilant in making cost-effective choices about our health care. Let's explore some of the major drivers of rising health care costs and look at some steps you can take to slow the costs.

One of the reasons for rising costs is that we're using more health care services than ever and these services are carrying heftier price tags.

1. Health care costs are higher than payments.

Whether you realize it or not, an average 20 minute doctor visit for a cold can result in a total cost of more than \$250 – far from a \$10 office copayment. Deductibles and copayments haven't kept up with medical cost inflation, making consumers less aware of actual costs. For most consumers, their employers pick up the bulk of their actual premium costs.

Why does health care cost so much? continued on page 2

This issue provides a variety of timely information related to your health care benefits and your health care needs.

Why does health care cost so much? continued from page 1



2. More health care needed

The good news is that people are living longer. But this also means they'll need health care longer. The baby-boomers are aging and, with age, they'll need more medical care than in the past. The increased health care needs impact health care costs.

Lifestyle choices, such as smoking and inactivity, also increase the costs

of health care because they contribute to a wide variety of health problems. Smoking-related illnesses include emphysema, chronic bronchitis, asthmatic bronchitis and other respiratory symptoms, including coughing, phlegm, wheezing and difficult or labored breathing (dyspnea).

Obesity also causes or contributes to health problems, including diabetes and heart conditions. These problems are costly to treat, contributing to rising health care costs.

Other chronic diseases resulting from unhealthy lifestyle choices may include:

- Heart disease
- Joint and skeletal problems
- Some types of cancer

Unhealthy lifestyle choices, poor food choices and little or no exercise are a dangerous mix that results in chronic health conditions or acute illness.

In the United States, an estimated 25.5 million men (24.1 percent) and 21.5 million women (19.2 percent) are smokers.¹ Sixty percent of the direct health care costs in the U.S. go to treat tobacco-related illnesses.²

Sixty-four percent of all U.S. adults are either overweight or obese.³ The health-related economic cost of obesity to U.S. business is substantial, representing approximately 8 percent of total medical care costs.⁴

3. Medical advances

Changing technologies in medicine result in increased costs and account for a large portion of the increase in health care spending. New technology allows for:

- Earlier diagnoses
- Less intrusive treatments
- Better results

4. Prescription drugs

Advancements in technology also play a role in the development of new drugs. The high cost of prescription drugs is a large contributor to the rise in health care costs.

Drugs are becoming a larger component of total health care costs because of the increasing number of people using prescription drugs, especially higher cost brand

Do you know the cost of health care?

For higher cost health services, consumers consistently under-estimate the actual costs by at least half. In comparison, one survey revealed that consumers, on average, can estimate the price of a new Honda Accord to within \$300.

*Average billed charges for products and services as calculated by Milliman USA.

**Average cost for Pfizer's Lipitor® and Tenormin®, a beta-blocker made by AstraZeneca.

Employee Estimated Average	Procedure	Average Actual Cost*
\$10,639	Hip Replacement	\$25,000
\$ 6,145	Birth via C-Section	\$13,500
\$ 1,058	Day/Night in Hospital	\$ 3,600
\$ 476	Ambulance Trip	\$ 550
\$ 143	Blood Chemistry Test	\$ 300
\$ 153	Blood Pressure Rx (per month)	\$ 93**
\$ 97	Primary Care Visit	\$ 80

name drugs. In fact, some experts believe that sales and marketing are the biggest contributors to skyrocketing prescription costs.

The costs associated with marketing and sales affect the bottom line by:

- Adding to drug costs
- Fueling consumer demand and encouraging patients to request more costly treatments by pitching brand name drugs over less costly, equally effective, generic alternatives

5. Excess use of avoidable care

People are demanding more health care services. Many Americans tend to go to the doctor for any illness – even minor illnesses that can be treated at home without a doctor's visit.

On top of that, more than one-half of emergency room visits may be unnecessary and should have been visits to a primary care doctor instead.

Medical care and technology can lengthen and save lives, but misuse of these services, by demanding them when they're not necessary, has a huge impact on rising costs.

6. Hospital costs

Hospital prices for services account for the largest portion of insurance premium dollars. A large increase in hospital prices is due in part to a strong growth in wage rates for hospital workers, which have been driven up by the persistent worker shortage, particularly for nurses

7. Fraud and abuse

Health care fraud is not a victimless crime. Every consumer is affected by it. These acts add up to

billions of dollars in:

- Lost health care dollars
- Higher taxes to support federal health care programs
- Higher private health insurance premiums for consumers

Did You Know?

- Health care fraud cost consumers \$85 billion, or five percent of the \$1.7 trillion spent on health care in 2003. That equals \$250 million a day.
- People have become injured or have died due to unnecessary surgery as part of fraud schemes.

Some fraudulent plots include:

- Phantom billing – Altered or fabricated medical bills and other documents
- Upcoding – Charging for a more expensive service such as a visit to a specialist when the patient actually saw a nurse or an intern
- Doctor shopping – Bouncing from one doctor to another to obtain multiple prescriptions for the same drug, especially controlled substances
- Providing unnecessary care – Including unnecessary tests, surgeries and other procedures
- Misrepresenting services – Performing uncovered services but billing insurance companies for different services that are covered
- Unbundling – Charging separately for procedures that are actually part of a single procedure
- Masquerading as health care professionals – Delivering health care services without proper licenses
- Identity theft – Using another person's health insurance card or identification to obtain health care or other services, or to impersonate that individual.
- Ineligible enrollments – Enrolling non-family members in a health care plan or sharing health care ID cards with others who are ineligible

These types of activities affect all health care consumers and increase costs unnecessarily.

¹American Heart Association

²US Dept of Health and Human Services

³<http://www.cdc.gov/nchs/products/pubs/pubd/hestats/obese/obse99.htm>

⁴American Journal of Public Health



Do your part to curb the costs:

All of us must do our part to curb health care costs. It's easier than you may think. Start by being an aware consumer. Learn what you need to do to keep yourself as healthy as possible. By taking an active part in your health care, you'll not only help yourself, but you'll help control the cost of health care. Here are some tips:

Live a healthy life.

A healthy lifestyle helps reduce current as well as future health care costs by preventing expensive and possibly more significant health problems. Your State Health Plan PPO and BCN health care plans offer a variety of tools to help you help yourself, including:

- **Preventive health care coverage** to avert illnesses or catch them before they become serious. Your plans cover check-ups, chest X-rays, EKGs or ECGs, mammograms and more.
- **Support programs** to help you stay healthy, including the Quit the Nic smoking cessation program and a discount on membership fees for Weight Watchers.
- **Naturally BlueSM** offers discounts on alternative medical services received from network practitioners.
- **Safety products and equipment** help prevent injuries and are available to you at a discount as a Blues member through the BlueSafeSM program.

Be an active member of your own health care team.

Take part in every decision that has to do with your health, and you'll get better results.

Use BlueHealthConnection[®] to connect to health resources that can help you, along with your health care professionals, make the best medical decisions for you and your family.

- **Understand suggested treatments** to make sure you know what difference they can make in your condition. Medical advances and drug therapies may enable you to live a better life. Tests can be expensive, and some carry health risks. Don't have them if you don't need them.

■ **Use your SHP PPO and BCN plans' Healthcare Advisor™** to help you make informed decisions.

The Healthcare Advisor allows you to:

- Research a hospital
- Research a doctor
- Learn about a medication
- Research treatment costs

■ **Ask questions** before you agree to have any health care procedure. Make sure you understand why it's necessary. BlueHealthConnection offers a list of routine and specific questions you should ask your doctor before you're treated.

■ **Follow your doctor's advice** and stick to it, even if you feel better. Once you and your doctor have discussed and agreed on a treatment plan, follow through to avoid a relapse.

■ **Use an in-network** primary care physician to avoid extra out-of-pocket costs. A primary care physician should be someone you can talk to who knows you and your lifestyle. He or she can handle most of your health care issues, saving you the extra money of a trip to the emergency room or a specialist. If you do encounter an uncommon or complicated health problem, your PCP can refer you to an appropriate specialist.

With network doctors:

- Your out-of-pocket costs are minimized or eliminated.
- Your out-of-pocket fees are defined and requested at the time of service.
- Your claims are filed for you.
- You support the Blues' cost containment efforts.

Every dollar saved by your medical claims will help control rising medical costs. Knowing the difference between a network provider and non-participating provider saves you money.

■ **Use the emergency room only for emergencies.**

Emergency rooms are designed for life-and-death situations. If you go there with minor medical problems, you'll probably have a long wait and an expensive bill. Instead, call or visit your doctor, or visit a PPO participating urgent care facility. To find an urgent care facility, visit www.bcbsm.com or call your customer service center at the phone

number listed on the back of your Blues ID card. You'll receive more personalized care for a fraction of the cost of an emergency room visit. You can also contact BlueHealthConnection for help in determining when emergency services are necessary.

■ **Know your health care benefits.** Understanding how to efficiently use your SHP PPO or BCN coverage can help reduce health care costs for everyone. Before you choose to have a medical procedure or go to the doctor, be sure to refer to your benefit booklet so you know what is covered and what might require additional money out of your pocket.

■ **Watch out for health care fraud.** The Blues' Health Care Fraud Investigation unit identifies, investigates and seeks prosecution for health care fraud offenders. The unit has recovered or saved more than \$229 million since 1980.

Work with the Blues in identifying fraud. Recognize scams. Be cautious of free medical exams, copayment waivers, or advertisements stating "covered by insurance."

Report:

- A lost or stolen ID card. Think of your health care card as being as valuable as a credit card. If lost or stolen, a health care card could be used to gain access to drugs and services that may permanently appear on your medical history.
- An explanation of benefits that shows payment for services not received, or includes inaccurate names or dates of service.
- A person who uses an expired identification card.
- A person who loans his or her ID card to someone not entitled to it.
- A person who adds someone not eligible for coverage to his or her contract.

The fraud investigation unit owes much of its success to members, physicians and other health care providers who inform the company of possible fraud. If you have questions or concerns about fraud, contact the anti-fraud hot line at 800-482-3787.

Do your part in taking care of yourself, and we'll all live healthier ever after.

Diabetes: A growing epidemic

Diabetes affects everyone. You may have it, or you know someone who does. Nearly 21 million Americans have diabetes, up from 18 million in 2003. Another 7 million people currently have it, but don't know it. And 41 million people are pre-diabetic. One in three Americans, and one in two minorities, born in 2000 will develop diabetes in his or her lifetime.

Still don't think it concerns you? Well, it does. Total health care and related costs for the treatment of diabetes runs about \$132 billion annually. Of this total, direct medical costs (e.g., hospitalizations, medical care, treatment and supplies) account for about \$92 billion. The other \$40 billion covers indirect costs such as disability payments, time lost from work and premature death.¹

A person with diabetes incurs medical costs that are two to five times higher than those of a person without diabetes. This is due to more frequent medical visits, purchase of supplies and medication, and the higher likelihood of being admitted to a hospital.

Let's take a look at this epidemic. Learn what it is, how to prevent or delay its onset, and how to control and live with it.

What's diabetes?

Diabetes is a condition in which a person's blood glucose (often called blood sugar) is too high. Glucose comes from the food you eat and is also made in your liver and muscles. Blood always has some glucose in it because our bodies need glucose for energy to keep us going. But too much glucose in the blood isn't good.

Your blood carries the glucose to all the cells in your body. Insulin is a chemical (a hormone) made by the pancreas. The pancreas releases insulin into the blood. Insulin helps

the glucose from food get into your cells. If your body doesn't make enough insulin, or if the insulin doesn't work the way it should, glucose can't get into your cells. It stays in your blood instead. Your blood glucose level then gets too high, causing pre-diabetes or diabetes. Over time, the high blood glucose levels of uncontrolled diabetes can be toxic to virtually every system of the body.

Kinds of diabetes

There are three main kinds of diabetes: type 1, type 2 and gestational.

Type 1 diabetes is a lifelong disease that develops when the pancreas stops producing insulin. Without insulin, the amount of sugar in the blood rises above a safe level, and the cells don't get the sugar they need. Over time, high blood sugar can damage blood vessels and nerves throughout the body and increase the risk of eye, heart, blood vessel, nerve and kidney diseases. If the blood sugar level becomes very high, a life-threatening chemical imbalance (diabetic ketoacidosis) can develop. If the insulin isn't replaced through an injection, the person will die.

Type 1 diabetes can develop at any age; however, it usually develops in children and young adults, which is why it used to be called juvenile diabetes. It has also been called insulin-dependent diabetes mellitus because insulin injections must be taken daily.

The symptoms of type 1 diabetes are often subtle, but they can become severe. They include:

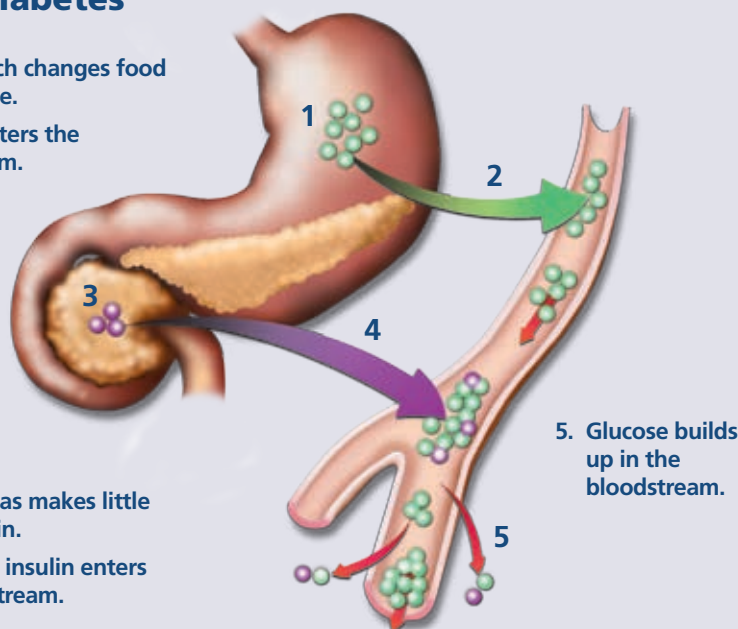
- Increased thirst
- Increased hunger (especially after eating)
- Dry mouth
- Frequent urination
- Unexplained weight loss (even though you are eating and feel hungry)

¹ National Institute of Diabetes and Digestive and Kidney Diseases. National Diabetes Statistics fact sheet: general information and national estimates on diabetes in the United States, 2005. Bethesda, MD: U.S. Department of Health and Human Services, National Institute of Health, 2005.

Type 1 Diabetes

1. The stomach changes food into glucose.
2. Glucose enters the bloodstream.

3. The pancreas makes little or no insulin.
4. Little or no insulin enters the bloodstream.



- Symptoms usually start in childhood or young adulthood. People often seek medical help because they are seriously ill from sudden symptoms of high blood sugar.
- Episodes of low blood sugar level (hypoglycemia) are common.
- Diabetes cannot be prevented.

- Fatigue (weak, tired feeling)
- Blurred vision
- Numbness or tingling of the hands or feet
- Loss of consciousness (rare)

People with type 1 diabetes are thought to have an inherited or genetic predisposition to the disease. This form of the disease is more common in Caucasians with a family history of type 1 diabetes.

Researchers believe that this predisposition may remain inactive until it's activated by an environmental trigger such as:

- Having other autoimmune disorders, such as thyroid disease and celiac disease
- History of childhood viruses, including coxsackie B, enteroviruses, adenovirus, rubella, cytomegalovirus and Epstein-Barr virus
- Exposure to a toxin drug

Diabetes: A growing epidemic continued on page 8

Hyperglycemia – high blood sugar

Hyperglycemia happens when the blood sugar level gets too high (more than 200mg/dl). This can occur if the person hasn't had enough insulin, has eaten too much and isn't active enough, or is stressed. This is not a sudden occurrence, but usually develops over several hours or days.

Symptoms include:

- Frequent urination
- Increased thirst
- Increased hunger
- Increased lethargy
- Blurry vision
- Stomachache
- Nausea
- Confusion

Hyperglycemia can be life threatening, resulting in lost of consciousness or a diabetic coma. If the symptoms occur, test your glucose level. If it's high, contact your doctor or emergency personnel at once.

Diabetes: A growing epidemic continued from page 7

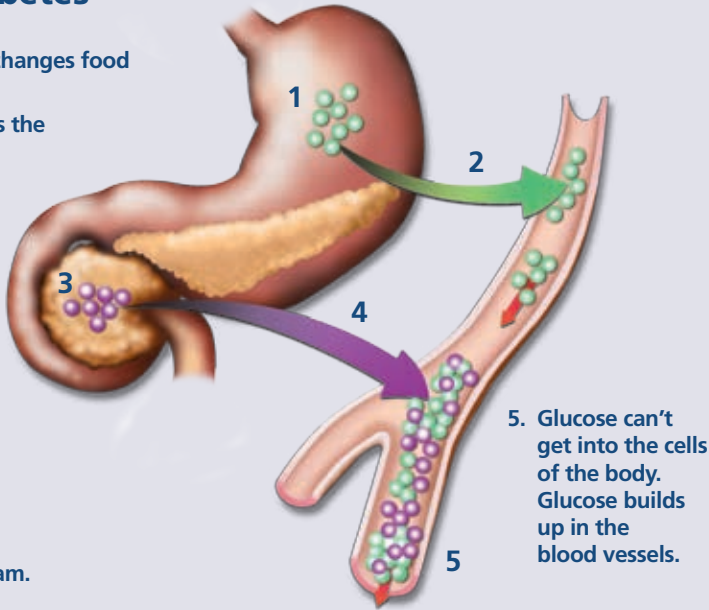
Type 2 Diabetes

1. The stomach changes food into glucose.

2. Glucose enters the bloodstream.

3. The pancreas makes insulin.

4. Insulin enters the bloodstream.



- May not have symptoms before diagnosis. Usually discovered in adulthood; however, an increasing number of children are being diagnosed with it.
- No episodes of low blood sugar level, unless taking insulin or certain oral diabetes medications
- Can be prevented or delayed with a healthy lifestyle, including maintaining a healthy weight, eating sensibly, and exercising regularly

Type 2 diabetes, formerly called adult-onset diabetes or non insulin-dependent diabetes, is the most common form of diabetes. People can develop type 2 diabetes at any age – even during childhood. In type 2 diabetes, the cells still produce insulin. This form of diabetes usually begins with insulin resistance, a condition in which fat, muscle and liver cells don't use insulin properly. At first, the pancreas keeps up with the added demand by producing more insulin. In fact, it usually over-produces it. In time, however, it loses the ability to produce enough insulin in response to meals. So insulin is usually still present in a person with type 2 diabetes, but it doesn't work as well as it should.

Being overweight or obese and leading a sedentary, or non-active, lifestyle are major risk factors for developing type 2 diabetes, as is having a family history of the disease. People of African-American, American Indian, Asian-American, Hispanic and Pacific Islander background are more likely to develop type 2 diabetes.

In addition to the symptoms presented in type 1 diabetes, those with type 2 diabetes may experience:

- Slow-healing sores or cuts
- Itching of the skin (usually in the vaginal or groin area)
- Yeast infections
- Weight gain

- Velvety dark skin changes of the neck, armpit and groin called acanthosis nigricans

Hypoglycemia – low blood sugar

Hypoglycemia occurs when there's not enough glucose in the bloodstream (less than 70 mg/dl) and too much insulin. This can happen suddenly with these symptoms:

- | | |
|-----------------------|----------------------|
| • Dizziness | • Personality change |
| • Shakiness | • Crying |
| • Pale coloring | • Sweating |
| • Hunger | • Headache |
| • Nervousness | • Blurry vision |
| • Nausea | • Sluggishness |
| • Irrational behavior | • Poor coordination |
| • Confusion | • Light headedness |

Hypoglycemia must be treated immediately. Test your glucose level. If it's low, eat a snack. Wait a few minutes and retest your level. If it's still low, contact your doctor immediately.

Some women develop **gestational diabetes**, which is a form of type 2 diabetes. It's caused by the hormones of pregnancy or a shortage of insulin. This form of the illness develops during the late stages of pregnancy, but usually goes away after the baby is born. However, a woman who has had it is more likely to develop type 2 diabetes later in life.

A woman is more at risk of developing gestational diabetes if she:

- Has a family history of diabetes
- Is overweight
- Has pre-diabetes
- Has given birth previously to a child weighing nine pounds or more

In addition, the same populations at risk for type 2 diabetes are also at greater risk for gestational diabetes.

If untreated, gestational diabetes can cause serious complications for the newborn. For example, babies of untreated mothers may grow too large, increasing the risk of problems during birth. Having a very large baby may warrant a cesarean section or other assistance during delivery (such as a forceps or vacuum delivery). The baby may also experience a sudden, large drop in blood sugar after birth, requiring treatment with a sugar solution given through a needle in the vein. The newborn baby may also have a higher risk of

developing jaundice and breathing problems.

The risk of birth defects in infants whose mothers have gestational diabetes is very low because most gestational diabetes develops after the 20th week of pregnancy, when the fetus has already fully developed. The risk increases only if the mother had undiagnosed diabetes before pregnancy or if the mother runs high, out-of-control blood sugar levels during the first six to eight weeks of pregnancy.

If the mother has gestational diabetes, the baby doesn't have an increased risk of developing type 1 diabetes during childhood. However, the child is more likely to develop type 2 diabetes later in life as well as be overweight throughout life.

If you or someone you know suspects that they have diabetes, or have any of the symptoms mentioned in this article, the best advice is to see a health care provider as soon as possible. The provider will be able to diagnose and prescribe an appropriate treatment plan. If you need more information on diabetes, go to www.bluehealthconnection.com, the Web site provided to you through your SHP PPO and BCN coverage

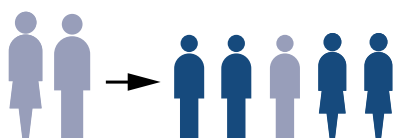
Denying the symptoms won't make the disease go away. But by following the prescribed treatment plan, choosing foods wisely, exercising regularly, maintaining a normal weight, reducing stress levels and making other modest lifestyle changes, living with diabetes can be easier.

The odds of having it

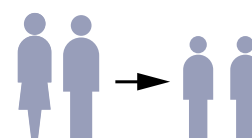
Heredity and environmental factors are the major causes of diabetes.

If both parents have Type 1 diabetes

Fewer than 20% of their children will develop Type 1 diabetes.

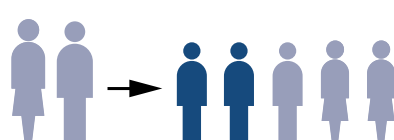


With identical twins, one won't have it; the other has a 40 to 50% chance of developing it (depends on environmental factors such as too much food, too much stress, viral infection)

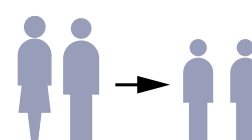


If both parents have Type 2 diabetes

There's a 100 percent chance that nearly half of their children will have it.



If one twin develops Type 2 diabetes, the other twin will too.





Overweight children faced with adult illnesses

Chubby. Plump. Big-boned. Stout. These are all descriptions we attach to children to temper a scourge that plagues our society: obesity. The problem of childhood obesity in the United States has grown considerably in recent years. According to the National Centers for Disease Control and Prevention, the percentage of overweight children ages 6 to 11 has more than doubled in the past 20 years, going from 7 percent in 1980 to more than 18 percent in 2004. And even more frightening, the rate among adolescents ages 12 to 19 has more than tripled, increasing from 5 percent to 17 percent.

Obesity is responsible for more than 300,000 deaths each year. The annual cost to society for obesity is estimated at nearly \$100 billion. Overweight children are much more likely to become overweight adults, unless they adopt and maintain healthier patterns of eating and exercise. Today's younger generation is heavier than any in history. There

are several reasons for this, including poor diet, inactivity and genes, but essentially it boils down to taking in more calories than exerted.

Poor diet

The American diet is made up of over-processed, convenient, calorie-dense, fat-laden foods. More than 60 percent of American children eat too many fatty foods, and less than 20 percent eat the recommended five or more servings of fruits and vegetables per day.

Eating habits have also changed drastically: family meals have often been replaced by munching continuously throughout the day. Cookies, chips and other high-calorie snack foods are readily available for children to fill up on. "Super size" is synonymous with dining out. Food portions have more than doubled, and we've grown to expect to "get more for our money."

Inactivity

We don't move, and neither do our children. When was the last time you walked to the grocery store? Children ride in cars instead of riding bikes. Schools are cutting back on physical education programs. Many neighborhood parks are unavailable or unsafe. Less time is spent playing outdoors; instead, more time is spent in front of a screen: television, computers and video games.

Genes

Genetics is a factor in overweight children, but it doesn't explain the epidemic. If one parent is obese, there's a 50 percent chance that the children will also be obese. However, when both parents are obese, the children have an 80 percent chance of being obese. Although certain medical disorders can cause obesity, less than 1 percent of all obesity is caused by physical problems. Rather than genetics, obesity can be seen as a learned behavior that runs in families.



Children developing adult illnesses

Unfortunately, overweight children become prime candidates for many illnesses and conditions once thought of as adult problems. These include:

Health problems

- Asthma
- Type 2 diabetes
- High blood pressure
- High cholesterol
- Heart disease
- Liver disease
- Sleep apnea
- Gallstones
- Orthopedic problems (bowing and overgrown leg bones, hip problems)

Psychological and social problems

- Eating disorders
- Low self-esteem
- Negative body image
- Depression
- Obsessive compulsive disorder
- Stigma
- Negative stereotyping
- Discrimination
- Teasing and bullying
- Anxiety

The solution

The obvious solution is that children and young adults (or adults of any age) should eat less and move more. But that's easier said than done. Instead of looking at it as solving the child's problem, approach it as a family's solution.

The American Heart Association offers sound advice to help children change to healthy eating:

- Be supportive. Children know if they're overweight and don't need to be reminded or singled out. They need acceptance, encouragement and love.

Overweight children continued from page 11

- Start by introducing healthier elements into foods that the child already likes. For example, offer blueberry pancakes, carrot muffins, fruit slices over a favorite cereal, chunks of bell pepper in a potato salad or shredded veggies over rice.
 - Include kids in the prep work. By being involved in grocery shopping and food preparation, kids will have more “buy-in.” If they feel some ownership over the meal, they may be more likely to eat it.
 - Don’t buy unhealthy foods. Out of sight, out of mind. If the chips and cookies aren’t around, your kids can’t eat them. They may resist at first, but when they get hungry, they’ll start munching the carrot sticks. Keep healthy foods on hand – 100 percent juice instead of colas or sugary drinks, and a bag of apples instead of a bag of chips.
 - Schedule snack time and stick to it. Most kids like routine. If kids know they’ll only get foods at certain times, they’ll eat what they get when they get it. Try to have snacks incorporate two food groups. For example, offer cheese and whole-grain crackers or apple slices with low-fat yogurt or cottage cheese.
 - Have healthy finger foods available. Kids like to pick up foods, so give them foods they can handle. Fruit and veggie chunks (raw or cooked) are great finger-food options.
 - Set guidelines for the amount of time your children can spend watching television or playing video games.
 - Plan family activities that involve exercise. Instead of watching TV, go hiking or biking, wash the car or walk around a mall. Offer choices and let the children decide.
 - Be sensitive. Find activities the children will enjoy that aren’t difficult or could cause embarrassment.
 - Don’t use food as a reward or punishment. Children shouldn’t be placed on restrictive diets, unless done so by a doctor for medical reasons. Children need food for growth, development and energy.
 - Focus on small, gradual changes in eating and activity patterns. This helps form habits that can last a lifetime.
 - Repeal the “clean your plate” rule. Kids know when they’re full, so let them stop. Overeating is one of the major reasons for consuming too many calories.
 - Encourage young kids to “eat their colors.” Food that’s bland in color often also lacks nutrients. Eating a variety of brightly colored foods provides more nutrients in greater variety.
 - Don’t cut out treats altogether. Think moderation. A scoop of ice cream or a serving of Oreos is all right occasionally. Cutting out all the goodies will make kids more likely to overeat when they do get them. Make sure to moderate the treat consumption.
 - “Veg” out at the dinner table, not the TV. Eating in front of the TV is distracting, and kids may not notice that they’re full because they’re wrapped up in the show. Eating as a family is a great time to catch up.
- Be a good role model. Don’t expect them to eat spinach if you won’t touch it. The best way to influence kids is by example.

Sources: U.S. Department of Health & Human Services, The American Heart Association

What is obesity?

Generally, a child is considered obese when his or her weight is 10 percent higher than what’s recommended for the child’s height and body type. Visit BlueHealthConnection at www.bcbsm.com for childhood height and weight recommendations. Obesity most commonly begins in childhood between the ages of 5 and 6, and during adolescence.



Diabetes crosses age barriers

You've heard of diabetes type 1 and type 2. Type 1 diabetes was once known as juvenile diabetes because it was mostly found in children and young adults. Type 2 diabetes was known as adult onset diabetes because it was prevalent in people over the age of 25. But this insidious disease has crossed the line and both types are now seen in people of all ages.

Type 1 diabetes is now being diagnosed in adults as old as 80. In older people, the symptoms of type 1 diabetes develop at a slower rate over four to five years. However, with children, the symptoms seem to happen almost overnight.

On the other hand, type 2 diabetes is now being diagnosed in children and young people under the age of 25. Unlike type 1, type 2 is more likely to happen in people who don't exercise enough and don't maintain a healthy weight.

Different treatments needed

Diabetes types 1 and 2 are similar only in that both stem from a lack of insulin in the body. The treatment for the types may be different, making it dangerous that the types have crossed the age barriers formerly used for diagnosis. A person can be misdiagnosed initially as having type 2 diabetes based on age, body type and symptoms, and then prescribed an initial treatment plan of diet maintenance, exercise and oral medication. However, this treatment plan would be ineffective for diabetes that is actually type 1, and the person's glucose levels could remain high.

People with uncontrolled diabetes are two to four times more likely to develop cardiovascular disease. Left untreated, cardiovascular disease can lead to death.

Additional testing may be necessary, and the treatment plan for a type 2 patient may need to be changed to the treatment plan for type 1: increasing food intake and daily insulin injections.

Understand your condition

If you have been diagnosed with diabetes, you can help ensure you're receiving the proper treatment by:

- Effectively communicating with your health care providers
- Letting your providers know how you're doing
- Keeping your regularly scheduled doctor appointments
- Closely monitoring your glucose levels
- Recording your blood glucose results in a log you bring to all of your doctor's visits
- Keeping a daily log listing your food, medication, exercise and symptoms
- Continuing to learn about diabetes by attending a diabetes class or scheduling visits with your diabetes educator as recommended

Remember, it's your body and your life. You have a vested interest in taking care of it.

Source: *HealthAtoZ.com*

Heritage Optical enhances current vision benefits



Blue Cross Blue Shield of Michigan offers a new discount program for your vision coverage through the Heritage Optical provider network. This discount program is an enhancement to your current vision care plan and doesn't change your existing vision benefit.

Blues vision care benefits and this Heritage Optical discount plan cannot be used with provider-oriented discounts or promotional programs.

Under the discount program, when you receive services from participating Heritage Optical providers in Michigan, you qualify for 20 percent off your out-of-pocket costs for materials and services, excluding copayments. Your

provider will continue to follow BCBSM procedures for scheduling and providing vision services. Claims will also continue to be submitted to and paid by BCBSM.

Participating provider information is subject to change without notice. Please call the providers listed in the BCBSM Heritage directory to verify their continued participation in the discount program prior to scheduling an appointment. The dedicated BCBSM Heritage Web site at **www.heritageoptical.com/bcbsm** will always be your source for the most up-to-date participating provider listing. If you have any questions regarding this program, please contact your customer service center.



Enjoy food with these safety tips

The good weather brings out the best in everything, especially foods. Handling foods properly will protect you, your family and friends from food-borne illness and food contamination. Here are some tips to keep in mind when preparing, storing and cooking food as you celebrate.

Keep the basics clean

- Wash utensils, platters and food preparation surfaces.
- Wash hands, even outdoors. Use a water jug, some soap, and paper towels, or disposal towelettes, or liquid hand sanitizers.

Preparing fruits and vegetables

- Wash fresh fruits and vegetables by rubbing them under running tap water. You can rub them with a vegetable brush if the skins won't bruise. Wash even those with skins and rinds that you don't eat. E-coli can be found on melon rinds and transferred to the melon when it's cut.
- After washing fruits and vegetables, dry them with a clean cloth towel or paper towel before packing them.

Safe grilling tips

- Marinate foods in the refrigerator, not on the counter or outdoors. If you want to use some of the marinade as a sauce on the cooked foods, reserve some and don't put it on raw meat. Don't reuse marinade.
- Wash platters and utensils that held raw meat or seafood in hot soapy water before you use them to serve cooked foods.
- If you partially cook food in the microwave, oven or stove to reduce grilling time, immediately transfer the food to the hot grill.

- Cook food thoroughly. Use a food thermometer to be sure the food has reached an adequate internal temperature before serving:
 - Beef, veal, and lamb steaks and roasts – 145 degrees for medium rare, 160 degrees for medium and 170 degrees for well done
 - Ground pork and ground beef – 160 degrees
 - Ground poultry – 165 degrees
 - Poultry breasts – 170 degrees
 - Whole poultry (take measurement in the thigh) – 180 degrees
 - Fin fish – 145 degrees or until the flesh is opaque and separates easily with a fork
 - Shrimp, lobster and crabs – meat should be pearly and opaque
 - Clams, oysters and mussels – until the shells are open
- Grilled food can be kept hot until served by moving it to the side of the grill rack, away from the coals or heat source where it can overcook.

Serve food safely

- Don't let perishable food sit out longer than two hours, or more than one hour in temperatures above 80° F.
- Keep hot foods hot (at or above 140° F).
- Keep cold foods cold. Place cold foods in a cooler with ice or frozen gel packs. Cold foods should be held at or below 40° F.
- Meat, poultry and seafood may be packed while it's still frozen so that it stays colder longer. Be sure to keep raw meat, poultry and seafood securely wrapped so their juices don't contaminate cooked foods or foods eaten raw such as fruits and vegetables.
- Keep the cooler in the air-conditioned passenger compartment of your car, rather than in a hot trunk. Limit the times the cooler is opened.
- Consider packing beverages in one cooler and perishable food in another.

Follow these guidelines so spoiled foods don't spoil your meals.

How to reach us

For benefit information or claim inquiries, call or write the BCBSM State of Michigan Customer Service Center.

To call

1-800-843-4876

Our customer service representatives are available from 8:30 a.m. to 4:45 p.m. Monday through Friday excluding holidays.

To write

Please send all correspondence to:
State of Michigan Customer Service Center
Blue Cross Blue Shield of Michigan
P.O. Box 80380
Lansing, MI 48908-0380

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